

## MODEL TERMS OF REFERENCE

### DISCLAIMER

*This model document is intended for guidance only and any request submitted for Mediation should be adapted to the facts and circumstances of each case in compliance with the Mediation Rules of Qatar Sports Arbitration Tribunal (hereinafter referred to as the “Rules”).*

Square brackets demarcate the beginning and end of the optional sentences suggested in the model, and slashes refer to the various options.

For any questions, the Mediator may contact the respective case management team.

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## TERMS OF REFERENCE

### QSAT Mediation \*\*\*\*\*/\*\*

#### Claimant/s v/ Respondent/s v/ Additional Party/Parties

#### I. The Parties and their Representatives

1. Claimant(s) in this Mediation is [ADD NAME AND ADDRESS].
2. Claimant is represented in this Mediation by [ADD NAME AND ADDRESS].
3. Respondent(s) in this Mediation is [ADD NAME AND ADDRESS].
4. Respondent is represented in this Mediation by [ADD NAME AND ADDRESS].

#### II. The Mediation Institution

5. Pursuant to [ADD REFERENCE] of the [AGREEMENT OR REGULATION], this Mediation is conducted under the published QSAT Mediation Rules. QSAT's contact details are as follows:

General Secretariat  
Qatar Sports Arbitration Tribunal  
Qatar Sports Arbitration Foundation  
Al Bidda Tower, Floor 25  
West Bay, P.O. Box 10107  
Doha, Qatar  
Tel: +974 4475 4369  
Fax: +974 4475 4001  
E-mail: mediation@qsaf.qa

#### III. The Mediator

6. [ADD NAME] was nominated as a mediator by the parties in accordance with [AGREEMENT/LETTER DATED] pursuant to article 3.1 of the Rules.

OR

[ADD NAME] was appointed as mediator by the Chairman of [Mediation Division] at QSAT pursuant to article 3.1 of the Rules.

7. The contact details of the Mediator is as follows:

[ADD NAME]  
[ADDRESS]  
[P.O. BOX]  
[STATE, COUNTRY]  
[PHONE]  
[EMAIL]

#### **IV. Notices and Communications**

8. Notifications and communications shall be valid in this Mediation when made pursuant to article 6 of the Rules.
9. Any changes in the address of the parties or in case their legal representatives change his address to where the notifications shall be sent, he should notify the QSAT's General Secretariat in writing immediately of such new address.

#### **V. Background of the Dispute and Procedure to Date**

10. The following summary of the background of the dispute is for information only and does not bind the Parties or the mediator.
11. The present dispute arises out of [...]

#### **VI. Summary of the Parties' Positions and Claim**

12. Without in any way restricting the argument of the Parties in this mediation and reserving further argument in the course of the proceedings, the positions expressed in the initial submission can be summarised as follows.

##### **A. The Claimant's Position**

13. [to be completed]

##### **B. Relief Sought by the Claimant**

14. [to be completed]

##### **C. The Respondent's Position**

15. [to be completed]

**D. Relief Sought by the Respondent**

16. [to be completed]

**VII. Mediation Agreement/Clause**

17. [Claimant/s /Respondent/s /the Additional Party/Parties] made claims under mediation agreement/s contained in [mention agreement(s), date(s), signatories], which provides:

18. [Quote the dispute resolution clause(s).]

**VIII. Seat of Mediation**

19. The Mediation Session(s) shall be held at the offices of the QSAT in Doha, Qatar, unless all the parties and the mediator agree to another location, after the Secretary General's approval pursuant to article 8.2 of the Rules.

**IX. Language of the Mediation**

20. The mediation [agreement/clause] provides that the language of mediation shall be [ADD].

**X. Applicable Procedural Law and Procedural Rules**

21. The proceedings before the Panel shall be governed by the Rules, and, where the Rules are silent, by Qatari law.

**XI. Financial Status of the File**

22. [to be completed]

**XII. Waiver**

23. [to be completed]

**XIII. Signature of the Terms of Reference**

24. Place of Mediation: (city, country)

**Signatures:**

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Name For and on behalf of  
Claimant(s)

Date:

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Name For and on behalf of  
Respondent(s)

Date:

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Name  
Mediator

Date: